


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # G14575	
1. Entity Name PAUL'S SHRIMP, INC.	

Principal Place of Business 80 WEST LIVE OAK ST. TARPON SPRINGS, FL 34689	Mailing Address 80 WEST LIVE OAK ST. TARPON SPRINGS, FL 34689
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DO NOT WRITE IN THIS SPACE



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2242684	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  TSALICKAS, STEVE 1668 SEABREEZE DRIVE TARPON SPRINGS, FL 33589
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DO NOT WRITE  
IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SAKELLARIDES, SANDRA 530 ATHENS ST. TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD TSALICKIS, STEVE J. 1668 SEABREEZE DR TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD TSALICKIS, MICHAEL 1404 CIRCLE DR TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/22/04-80004-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Michael A. Tsalickis</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	3/19/04 (727) 938-5093 <small>Date Daytime Phone #</small>
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